

# NEW JERSEY NUTRITION AND PHYSICAL ACTIVITY SELF-ASSESSMENT FOR CHILD CARE CENTER PROJECT EVALUATION

OCTOBER 2012



# ACKNOWLEDGEMENTS AND CONTRIBUTORS

The New Jersey Nutrition and Physical Activity Self-Assessment for Child Care (NJ NAP SACC) project was supported by a cooperative agreement from the Centers for Disease Control and Prevention (CDC) through the Communities Putting Prevention to Work –State and Territorial Initiative (3U58DP002002-01S2). Its contents are solely the responsibility of the authors and do not necessarily reflect the official views of the CDC, the Department of Health and Human Services, or the federal government.

The NJ NAP SACC project was supported by the New Jersey Department of Health, Office of Nutrition and Fitness. The New Jersey Department of Human Services, Division of Family Development administered the project and local Child Care Resource and Referral Agencies coordinated it.

The authors would like to thank the following individuals for their support and guidance throughout this project: Peri Nearon, New Jersey Department of Health, Office of Nutrition and Fitness; Annie Carr, Centers for Disease Control and Prevention; Don Compton, Centers for Disease Control and Prevention; Syreeta Skelton, Centers for Disease Control and Prevention; Rebekka Zydell, Child and Family Resources; and Alicia Bunger, Ohio State University.

This report is a product of the NJ NAP SACC Evaluation Group. Each member served the group in a variety of capacities including providing guidance and feedback to the evaluation design and methods, collecting data, analyzing data, writing this report and reviewing and disseminating the report.

## NJ NAP SACC EVALUATION GROUP MEMBERS

Simona Bana  
Programs for Parents

Beverly Lynn  
Programs for Parents, Inc.

Erin Bunger  
Office of Nutrition and Fitness, NJ Department  
of Health

Evelyn Murphy  
Project Consultant

Diane Dellanno  
NJ Association of Child Care Resource and  
Referral Agencies

Nancy Thomson  
Child Care Connection  
NJ Association of Child Care Resource and  
Referral Agencies

Margie Kerwien  
Child and Family Resources

Sister Donna Minster  
Department of Children’s Services, Camden  
County

Gayle Kloepfer  
Sarah Ward Nursery Day Care

Lisa Woods  
NORWESCAP Child and Family Resource Agency

Jean Kuhl  
Quality Care Resource and Referral Agency,  
Salem County

Christa Weis  
Quality Care Resource and Referral Services,  
Inc.

Karin Mille  
Office of Nutrition and Fitness, NJ Department  
of Health

# NJ NUTRITION AND PHYSICAL ACTIVITY SELF-ASSESSMENT FOR CHILD CARE PROGRAM EXECUTIVE SUMMARY

## OVERVIEW

New Jersey maintains the distinction of having the highest rate of obesity among low-income children ages two through five since 2007.<sup>1</sup> Given the growing problem of obesity in New Jersey, it is critical that evidence-based programs be implemented to stop the growing epidemic. Half of New Jersey children under the age of five years are enrolled in licensed child care centers and registered family child care homes. Some children spend up to 10 hours in these centers and consume the majority of their meals and snacks in them. As a result, child care centers are an important setting in which to address childhood obesity.

Evidence indicates that changes to the policies and practices in child care centers are effective in creating healthier and more active environments for children. The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program is a research-tested intervention that improves the policies and practices in child care centers.<sup>2</sup> The program addresses nutrition, physical activity, staff-child interactions, and facility policies through several key activities including self-assessments, action planning and training and technical assistance.

## DESCRIPTION

The New Jersey Nutrition and Physical Activity Self-Assessment for Child Care program (NJ NAP SACC) is an initiative of the New Jersey Department of Health, Office of Nutrition and Fitness (ONF) and *ShapingNJ*, the statewide public-private partnership for obesity prevention. It is funded by the Centers for Disease Control and Prevention through the Communities Putting Prevention to Work – State and Territorial Initiative. ONF coordinated the project and contracted with the New Jersey Department of Human Services, Division of Family Development (NJ DHS) to administer the project. NJ DHS in turn contracted with local child care resource and referral agencies (CCR&Rs). These CCR&Rs provided training and technical support to 105 child care centers around New Jersey. The New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRRA) organized trainings and collected data during the project.

The NJ NAP SACC project aimed to improve nutrition, increase active play and other physical activity and limit television and computer use for children in licensed child care centers. Ultimately, we anticipate that these changes will reduce rates of childhood obesity in the long-term. More specifically, the objective of the project was to provide training and technical assistance to targeted licensed child care providers in each New Jersey county to prepare them to adopt new policies and practices.

---

<sup>1</sup> Pediatric Nutrition Surveillance System: Table 6D. 2008-2010. National Center for Chronic Disease Prevention and Health Promotion. Centers for Disease Control and Prevention. Available at: [http://www.cdc.gov/pednss/pednss\\_tables/index.htm](http://www.cdc.gov/pednss/pednss_tables/index.htm).

<sup>2</sup> University of North Carolina at Chapel Hill, Center for Health Promotion and Disease Prevention and Division of Public Health, North Carolina department of Health and Human Services. Nutrition and Physical Activity Self-Assessment for Child Care NAP SACC. 2012. Available at: [http://www.centertrt.org/content/docs/Intervention\\_Documents/Intervention\\_Templates/NAPSACC\\_Template.pdf](http://www.centertrt.org/content/docs/Intervention_Documents/Intervention_Templates/NAPSACC_Template.pdf)

To accomplish this objective, several key project activities occurred during the contract period from September 2010 to September 2011.

### **Child Care Center Recruitment and Selection**

Organized by NJACCRRRA, local Child Care Resource and Referral agencies (CCR&Rs) recruited and selected five child care centers from each county (105 total centers).

### **Child Care Center Self Assessments and Action Plans**

The child care center director and key staff from each of the 105 child care centers completed the NAP SACC tool to assess current nutrition, physical activity and television/computer use policies and practices within their child care center. Child care center directors and the local CCR&R trainers then developed an action plan that addressed the areas in need of improvement.

### **Technical Assistance**

Local CCR&Rs provided assistance to the centers participating in the project to make the policy and practice changes identified in the action plan. In the 72 child care centers that provided information about technical assistance, 1,175 hours of technical assistance was recorded with an average of 16 hours for each center.

### **NAP SACC Training**

Local CCR&R trainers provided NAP SACC training to each of the five child care centers in their county. The trainings covered five modules: overweight, nutrition, physical activity, personal health and wellness and working with families. Overall, 228 unique NAP SACC trainings occurred across New Jersey.

### **Post-Project Follow-Up**

At the end of the NJ NAP SACC project, child care center directors and staff completed a second NAP SACC tool to assess their progress. Center directors also completed a phone interview with the CCR&R trainer. Finally, ONF randomly selected a child care center in each county for site visit. These site visits provided documentation of center enhancements through direct observation of center practices.

The NJ NAP SACC project reached several different populations. The short-term target of the project was the executive directors or core team representatives from New Jersey licensed child care centers.

- This project reached 99 of the 4,304 licensed child care centers (2 percent).
- Thirty-eight percent of the centers participating in the project also participate in the Child and Adult Care Food Program, which provides meals for children and older adults who have certain income limitations.

The long-term target of the NJ NAP SACC project is children attending licensed child care centers.

- Of the 320,487 children enrolled in these child care centers, this project reached 7,782 children in the 99 grantee child care centers.

- This represents approximately two percent of children enrolled in New Jersey child care centers.
- Thirty-six percent (2,807) of the children enrolled in the project child care centers are from low-wage earning families, based on center self-report.

## **EVALUATION FOCUS AND METHODS**

The NJ NAP SACC evaluation addresses both processes and outcomes of the NJ NAP SACC project. Five evaluation questions guide this evaluation:

1. What changes did participating child care centers make with regard to making their policies and centers healthier and more active?
2. To what extent did the child care centers maintain the changes made in their centers?
3. What facilitators and challenges did the trainers experience in the project?
4. What worked well for child care centers to implement these changes?
5. What obstacles did child care centers experience?

The evaluation follows a collaborative evaluation approach by which the focus, questions, methods, analyses, and interpretations are conducted by a group of stakeholders critical to understanding the project and implementing recommendations from the evaluation.

The NJ NAP SACC evaluation employed mixed methods, non-experimental design. Three sources provided data for this evaluation.

### **Pre and Post NAP SACC Assessments**

Child care centers completed two iterations of the NAP SACC tool: one at the start of the project and one at the conclusion of the project. Data was coded and a two-sample Wilcoxon Signed-Rank test was applied to determine if the median score of each of the 54 indicators changed significantly.

### **Child Care Center Director Follow-Up Survey**

Child care centers that participated in the project completed a survey ten months after the end of the project that assessed the extent to which centers sustained the progress made during the project. It also collected information about what worked and did not work about the project. Of the 99 potential center directors, 29 directors completed the survey (29 percent response rate).

### **CCR&R Trainer Follow-Up Survey**

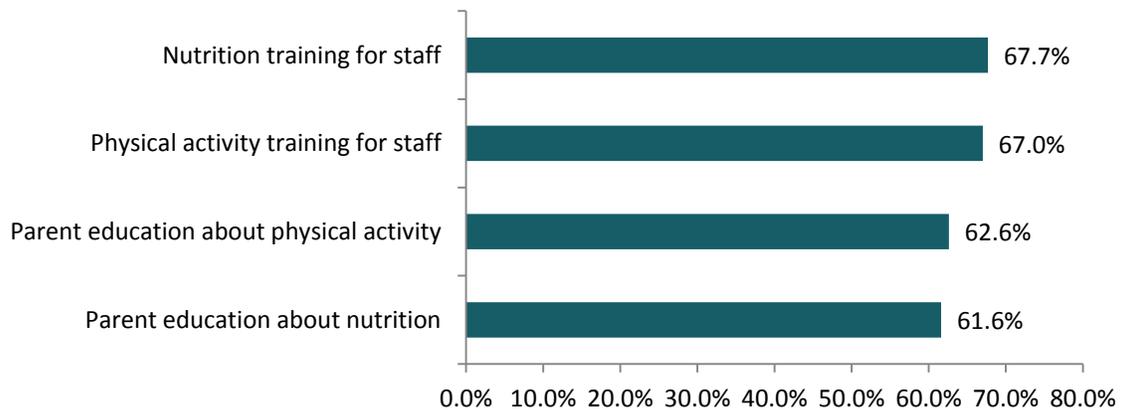
CCR&R trainers that participated in the project also completed a survey that elicited feedback about what worked and did not work in the NAP SACC project. It also asked for recommendations for future trainings. Of the 20 potential trainers, 10 trainers completed the survey (50 percent response rate).

## KEY RESULTS

### Changes in Policies and Practices

- Of the 54 indicators monitored on the NAP SACC assessment tool, the median score significantly increased for 26 of these indicators. No indicator decreased during the project.
- More than 60 percent of child care centers increased the number of times during the year they train staff and provide education about nutrition and physical activity for parents.
- More than half of the project centers made changes to improve the quality and/or enforcement of their written policies on physical activity and nutrition.
- Additional changes included improved staff practices during meal times, increased availability of new foods, decreased availability of less nutritious foods, increased variety of play equipment and increased amount of outdoor play time.
- Changes were not significant in many types of food offerings, play space and equipment, and staff practices during play time.

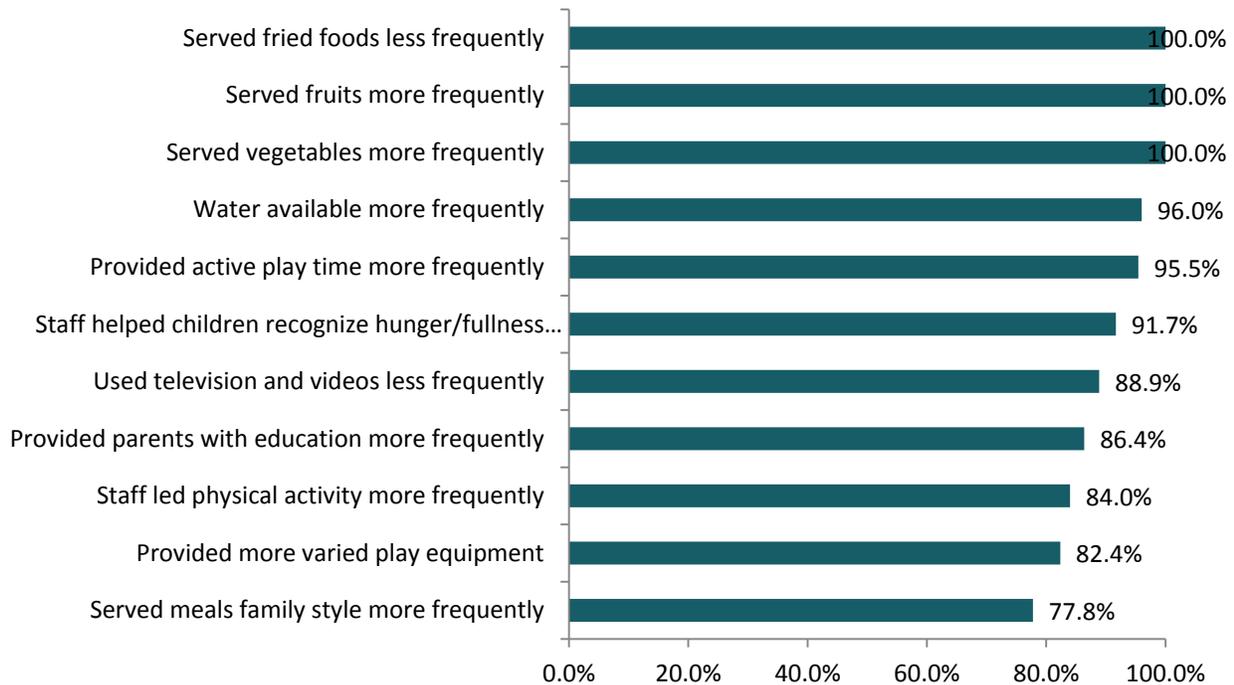
Percent of Child Care Centers that Increased Training and Education (n=99)



### Maintaining Changes in Child Care Centers

- Ten months after the project end, more than three quarters of responding centers reported that the changes made in their centers during the project were still in effect.

Percent of Child Care Centers that Maintained Changes (n=29)



### Implementing Changes in Child Care Centers

- Trainers reported that making water more available, providing more active play time, and providing parents with more education were the easiest changes for child care centers to make.
- Some of the most difficult changes for child care centers to make included providing more play equipment, serving meals family style, having staff help children recognize hunger and fullness and having staff lead physical activity.
- Training and technical assistance as well as previously existing relationships between center directors and CCR&R trainers facilitated changes in child care centers.
- Areas for improvement include sustaining training opportunities and linking efforts with broader community initiatives.

## LESSONS LEARNED AND RECOMMENDATIONS

### **Changes in policies and practices in child care centers take time to implement.**

Many of these changes must be made in small incremental steps. Often, there is a delay between the implementation of these changes and observational changes in behaviors. As centers maintain the changes made in the NJ NAP SACC project and continue to make their centers healthier and more active, additional improvements are likely to be seen.

#### **Recommendation**

- Additional post-project monitoring of project child care centers should be conducted to better understand the long-term impact of this project.

### **Providing trainings and resources to child care centers and staff are critical steps to helping child care centers improve their policies and practices around nutrition and physical activity.**

Results suggest that training is one of the first steps in the process of making these changes. Continuous training provides several benefits to child care center staff. It helps to provide staff with information about nutrition and physical activity. It also helps to reinforce information from prior trainings and ensure that new staff receives the information. Resources and other tools provide centers additional reinforcement of the information from the trainings and give centers ways to use and implement the information they learned from the trainings. Training and resources help keep efforts to eat healthy and be active on the radar.

#### **Recommendation**

- Regular trainings should be provided to child care center staff at least once a year. These trainings should emphasize best practices and current research findings about healthy eating and active play time for children. If possible, trainings should be offered to the child care centers on-site.
- The training curriculum used for child care center staff should be expanded from only using NAP SACC to using a variety of training curriculums that meet the needs of the staff. Information provided to staff should include current research and best practices. In addition, the trainings should be as interactive as possible and incorporate information that is relevant to a wide array of child care centers from rural and urban settings.
- Resources should be provided to child care centers during trainings, site visits and other information exchanges. These resources should be user-friendly, fun and creative. Additionally, tools should be free and ready to use so that centers can access and take advantage of the resources immediately. Parent education materials and handouts in multiple languages should also be included.
- An evolving list of resources for child care centers should be developed. This list would inventory existing tools and resources that are free, user-friendly, ready-to-use and fun. CCR&Rs should be able to contribute to and use the list to distribute to child care centers.

### **Financial resources facilitate the provision of trainings and the implementation of new practices in child care centers.**

Data indicate that changes in child care centers that require financial resources are more difficult for centers to implement and may be difficult to maintain. CCR&Rs also require funds to provide trainings to child care centers and to offer all the resources and services the child care centers need.

#### **Recommendation**

- Stipends, mini-grants, financial incentives, subsidies or other funding methods should be explored and made available to child care centers to help ease the financial burden of implementing changes related to physical activity and nutrition.
- Funding methods including grants and stipends should also be explored and made available to CCR&Rs to enable them to provide trainings and materials to child care centers.

### **Creating healthier and more active child care centers impacts more than just the children enrolled in the center.**

Center staff and parents are impacted by healthy eating and active living initiatives in child care centers. Child care center efforts around good nutrition and physical activity can be linked and integrated into other community, worksite and school efforts to maximize the impact of the activities across the lifespan.

#### **Recommendation**

- Efforts to reinforce staff trainings about the importance of personal wellness should be explored. Worksite wellness programs may provide low-cost, mutually reinforcing opportunities to improve child care center staff health if integrated into already existing programs, services and activities.
- Child care centers, CCR&Rs and statewide partnerships for obesity prevention should work to link child care centers with initiatives in their communities that are also working to improve nutrition and increase physical activity. Community gardens, farmers markets, walking clubs, agreements between school and community centers to share use of recreational facilities (joint use agreements), recreational services and other community and school efforts could be partnered with child care centers to provide additional opportunities and resources for children and their families.

# PROJECT OVERVIEW

## BACKGROUND AND RATIONALE

Since 2007, New Jersey maintains the highest rate of obesity among low-income children ages two through five.<sup>3</sup> Although rates of obesity among school aged children and adults in New Jersey rank lower than many other states in the country, the high rates of obesity among the youngest, most at-risk New Jerseyans suggests that targeted, evidence-based interventions must be implemented to address the growing problem of obesity in the state.

New Jersey's early care and education system comprises more than 4,000 licensed child care centers and 2,429 registered family child care homes. Combined, these facilities care for more than 332,000 children.<sup>4</sup> This is nearly half of the total population of New Jersey children under the age of five.<sup>5</sup> Children in full-time care may spend up to 10 hours per day in care, representing the majority of waking hours. During this time, children consume four out of five meals or snacks, five days per week. As a result, child care centers are an opportune setting to reach children and implement programs designed to make them healthier and more active.

The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program is a research-tested intervention that improves the policies and practices in child care centers.<sup>6</sup> The program addresses nutrition, physical activity, staff-child interactions, and facility policies through several key activities including:

- Baseline assessment of 14 areas of nutrition and physical activity to identify strengths and limitations of the child care center
- Goal setting and action planning to improve those areas identified for improvement by the assessment
- Staff training using five ready-to-use workshops
- Targeted technical assistance by child care specialists to the center staff to implement the improvement plan

Research findings from a randomized controlled trial of the NAP SACC program suggest that the

---

<sup>3</sup> Pediatric Nutrition Surveillance System: Table 6D. 2008-2010. National Center for Chronic Disease Prevention and Health Promotion. Centers for Disease Control and Prevention. Available at: [http://www.cdc.gov/pednss/pednss\\_tables/index.htm](http://www.cdc.gov/pednss/pednss_tables/index.htm).

<sup>4</sup> NJACCRRRA

<sup>5</sup> U.S. Census Bureau. 2006-2010 American Community Survey. Available at: <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

<sup>6</sup> University of North Carolina at Chapel Hill, Center for Health Promotion and Disease Prevention and Division of Public Health, North Carolina department of Health and Human Services. Nutrition and Physical Activity Self-Assessment for Child Care NAP SACC. 2012. Available at: [http://www.centertrt.org/content/docs/Intervention\\_Documents/Intervention\\_Templates/NAPSACC\\_Template.pdf](http://www.centertrt.org/content/docs/Intervention_Documents/Intervention_Templates/NAPSACC_Template.pdf)

program is effective in improving the nutrition environment in child care centers. Results also indicate the program is effective in making changes in the physical activity environment in centers.<sup>7</sup>

## PURPOSE AND GOALS

The overall goal of the NJ NAP SACC project was to improve nutrition, increase active play and other physical activity and limit television and computer use for children in licensed child care centers. Ultimately, we anticipate that these changes will reduce rates of childhood obesity in the long-term.

During the 12 month project period, we sought to achieve one objective: By September 30, 2011, provide training and technical assistance to targeted licensed child care providers in each New Jersey county to prepare them to adopt new policies and practices in their own settings.

The project targeted child care centers in each of New Jersey's 21 counties. More specifically, child care centers were eligible for the project if they:

- served 20 to 150 children
- participated in the Child and Adult Care Food Program (CACFP), and/or
- served children from low wage earning families.

## PROJECT TEAM—MEMBERS AND ROLES

The NJ NAP SACC project was administered and staffed by several parties. Increasing policies and practices that emphasize good nutrition and active play in child care centers is a key strategy in the New Jersey Obesity Prevention Plan. *ShapingNJ*, a public-private partnership of over 200 agencies with the goal of reducing and eliminating obesity in New Jersey, developed this plan and works to implement the strategies included in it. The New Jersey Department of Health (NJ DOH) Office of Nutrition and Fitness (ONF) coordinates this partnership and facilitates the implementation of the strategies. It is in this role that the NJ DOH ONF received funding from the Centers for Disease Control and Prevention for the NJ NAP SACC. ONF staff along with an outside consultant oversaw the grant and coordinated the project.

NJ DOH contracted with the New Jersey Department of Human Services, Division of Family Development (NJ DHS) to administer the project. The NJ DHS in turn contracted with local child care resource and referral agencies (CCR&Rs). The local CCR&Rs provide training and support services to child care centers in the catchment areas. Fourteen CCR&Rs provide these services to all 21 New Jersey counties. In the NJ NAP SACC project, CCR&Rs received training on NAP SACC from NJACCRRRA and subsequently, provided training to 105 participating child care centers. They also provided technical assistance and support to the project child care centers.

The New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRRA) assisted with project organization and trainings. NJACCRRRA is the trade association for the 14 child care resource and referral agencies (CCR&Rs) covering all New Jersey counties. Among other roles, NJACCRRRA facilitates professional development for child care providers through the local CCR&Rs. During the project,

---

<sup>7</sup> Benjamin SE, Tate DF, Bangdiwala SI, Neelon BH, Ammerman AS, Dodds JM, Ward DS. Preparing Child Care Health Consultants to Address Childhood Overweight: A Randomized Controlled Trial Comparing Web to In-Person Training. *Maternal Child Health J.* 2007 Aug 23.

NJACCRRRA organized training for the CCR&Rs and provided oversight for data collection. They also provided support for overall project activities.

Other key partners are child care center directors, major child care providers including the YMCA and Head Start, the New Jersey Department of Agriculture's Child and Adult Care Food Program, the New Jersey School Age Care Coalition, the New Jersey Department of Education and the NJ DHS.

# PROJECT DESCRIPTION

The NJ NAP SACC project aimed to achieve three outcomes:

1. Increase the number of licensed child care centers that have policies or environments that limit unhealthy foods and drinks.
2. Increase the number of licensed child care centers that have policies or environments that promote daily physical activity.
3. Increase the number of licensed child care centers that have policies or environments that limit screen time.

We addressed these outcomes along with the broader program objective and goals with series of related program activities. These activities aligned with the Nutrition and Physical Activity Self - Assessment for Child Care (NAP SACC) program. NAP SACC is a practice-based program and self-assessment tool that targets child care providers' policies, practice and environmental influences on children's nutrition and physical activity behaviors. It promotes providers' adoption of nine nutrition and five physical activity best practices appropriate for children aged two to five years.<sup>8</sup>

## PROJECT ACTIVITIES

### Child Care Center Recruitment and Selection

Organized by NJACCRRRA, local CCR&Rs invited child care centers from all New Jersey counties to participate in the NAP SACC project and to attend NAP SACC trainings. CCR&Rs selected five child care centers from each county (105 total centers) based on center interest, alignment with project selection criteria and center readiness for making changes to nutrition and physical activity related practices. Each child care center that agreed to participate in the project signed a Letter of Commitment.

### Child Care Center Self Assessments and Action Plans

The child care center director and key staff from each of the 105 child care centers completed a NAP SACC assessment at the beginning of the project to examine current nutrition, physical activity, television/computer use policies and practices within child care centers. Child care center directors and the local CCR&R trainers then collaboratively reviewed the assessment and developed an action plan that addressed the areas in need of improvement identified on the pre-project assessment. All 105 centers completed the pre-project NAP SACC and 99 centers completed action plans.

---

<sup>8</sup> University of North Carolina at Chapel Hill, Center for Health Promotion and Disease Prevention and Division of Public Health, North Carolina department of Health and Human Services. Nutrition and Physical Activity Self-Assessment for Child Care NAP SACC. 2012. Available at: [http://www.centertrt.org/content/docs/Intervention\\_Documents/Intervention\\_Templates/NAPSACC\\_Template.pdf](http://www.centertrt.org/content/docs/Intervention_Documents/Intervention_Templates/NAPSACC_Template.pdf)

## Technical Assistance

Local CCR&Rs provided assistance to the centers participating in the project to make the policy and practice changes identified in the action plan. Trainers logged the date, length of time and topic of the interaction on forms that were submitted to ONF each quarter.

Seventy-two centers logged the length of time associated with technical assistance. In these 72 centers, 1,175 hours of technical assistance was recorded with an average of 16 hours for each center. Only 12 of the reporting child care centers received the full 30 hours of technical assistance (17 percent).

## NAP SACC Training

Local CCR&Rs provided *NAP SACC training* to each of the five child care centers in their county. Some CCR&Rs also provided training to other child care centers interested in healthier and more active centers in the county. The trainings covered five modules: overweight, nutrition, physical activity, personal health and wellness and working with families. Thirteen of the 14 total CCR&Rs provided information about the trainings they provided to child care centers. These CCR&Rs provided 228 unique NAP SACC trainings to more than 105 child care centers across New Jersey.

## Post-Project Follow-Up

At the end of the NJ NAP SACC project, child care center directors and staff completed a second NAP SACC assessment to determine their progress. Of the 105 child care centers, 99 completed the second NAP SACC after six dropped out from the program (6 percent attrition). Center directors also completed a phone interview with the CCR&R trainer for an overall evaluation of the training and supporting materials. Finally, ONF randomly selected a child care center in each county for a site visit. The CCR&R trainers conducted these site visits to provide documentation of center enhancements through direct observation of center practices.

The NJ NAP SACC project reached several different populations. The short-term target of the project was the executive directors or core team representatives from New Jersey licensed child care centers.

- This project reached 99 of the 4,304 licensed child care centers (2 percent).
- Thirty-eight percent of the centers participating in the project also participate in the Child and Adult Care Food Program, which provides meals for children and older adults who have certain income limitations.

The long-term target of the NJ NAP SACC project is children attending child care centers.

- Of the 320,487 children enrolled in these child care centers, this project reached 7,782 children in the 99 grantee child care centers.
- This represents approximately two percent of children enrolled in New Jersey child care centers.
- Thirty-six percent (2,807) are from low-wage earning families.

# PROJECT EVALUATION

The goal of the NJ NAP SACC evaluation is to improve and sustain the NJ NAP SACC project. The evaluation used a collaborative evaluation approach. The evaluation focus, questions, findings and interpretations are the result of this group, the NJ NAP SACC Evaluation Group. The group represents a multi-disciplinary gathering of stakeholders. These stakeholders represent individuals and organizations critical to understanding the project, developing actionable recommendations for program improvement, and being involved in future efforts. Members included representatives from:

- NJACCRRRA,
- local CCR&Rs,
- child care center directors, and
- New Jersey Department of Health

This evaluation examines both process and outcomes and is guided by five evaluation questions:

1. What changes did participating child care centers make with regard to making their policies and centers healthier and more active?
2. To what extent did the child care centers maintain the changes made in their centers?
3. What facilitators and challenges did the trainers experience in the project?
4. What worked well for child care centers to implement these changes?
5. What obstacles did child care centers experience?

## METHODS

This evaluation uses a mixed methods non-experimental design with both qualitative and quantitative sources.

### NAP SACC Assessment

The NAP SACC tool is one component of the full NAP SACC program<sup>9</sup>. The tool assesses the strengths and weakness of 54 indicators related to healthy eating practices and regular physical activity in the child care center. It is designed to be completed by the child care center director and any lead staff at the beginning of a NAP SACC program (Appendix 1).

During the NJ NAP SACC project, child care centers completed an initial NAP SACC assessment in the last quarter of 2010. Centers completed a second NAP SACC assessment at the conclusion of the project – the last quarter of 2011. CCR&R trainers or staff assigned to the project entered the child care center responses for both the pre and post NAP SACCs into Survey Monkey.

NJACCRRRA managed and coded the data once all assessment responses were input. Response options on the NAP SACC tool are qualitative and were transformed into an ordinal scale to facilitate analysis.

---

<sup>9</sup> Ammerman, AS, Benjamin, SE, Sommers JK, Ward, DS. 2004. The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) environmental self-assessment instrument. Division of Public Health, NC DHHS, Raleigh, NC, and the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill. Revised May 2007.

The ordinal scale ranged from one to four with one being the least favorable response and four being the best possible response. Once responses were coded, a two-sample Wilcoxon Signed-Rank test was conducted. This test was applied because the data is non-normal and although it is ordinal data, the sample size is greater than 30 (n=99). For the purposes of this report, a change was considered significant if both the median score of the indicator changed during the project and if the *p*-value of the test statistic was less than 0.05.

### **Child Care Center Director Follow-Up Survey**

During the summer of 2012, the NJ NAP SACC Evaluation Group developed a brief survey for child care centers that participated in the project. The survey assessed the extent to which centers sustained the progress made during the project. It also collected information about what worked and did not work in the project (Appendix 2).

NJACCRRRA sent out a link and brief information about the survey to a list serv of the child care centers that participated in the NJ NAP SACC project. Centers received a reminder to complete the survey one week after the initial email and the survey closed after two weeks. Center directors were offered a free gift for their participation in the survey.

Survey data was summarized and qualitative responses were analyzed for common themes. Of the 99 potential center directors, 29 directors completed the survey (29 percent response rate).

### **CCR&R Trainer Follow-Up Survey**

During the summer of 2012, the NJ NAP SACC Evaluation Group also developed a brief survey for CCR&R trainers that participated in the project. The survey elicited feedback about what worked and did not work in the NAP SACC project. It also asked for recommendations for future trainings (Appendix 3).

NJACCRRRA sent out a link and brief information about the survey to a list serv of the trainers that participated in the NJ NAP SACC project. Trainers received a reminder to complete the survey one week after the initial email and the survey closed after two weeks.

Survey data was summarized and qualitative responses were analyzed for common themes. Of the 20 potential trainers, 10 trainers completed the survey (50 percent response rate). The CCR&Rs reported that many trainers were no longer employed and thus, unavailable to complete the survey.

### **Analysis**

Findings were developed collaboratively by the NJ NAP SACC Evaluation Group. The group reviewed summary documents, tallies, data tables, figures and other supporting information independently. Next, we convened two meetings to discuss and interpret the data. Participating group members discussed and came to a consensus on how to display the results, what the results indicated, what lessons were learned from the project, and what recommendations should be offered for additional efforts. Following this meeting, this information was organized and expanded to create the Results section below.

# RESULTS

The following section reports data and results related to each of the five evaluation questions.

## CHANGING CHILD CARE CENTER POLICIES AND PRACTICES

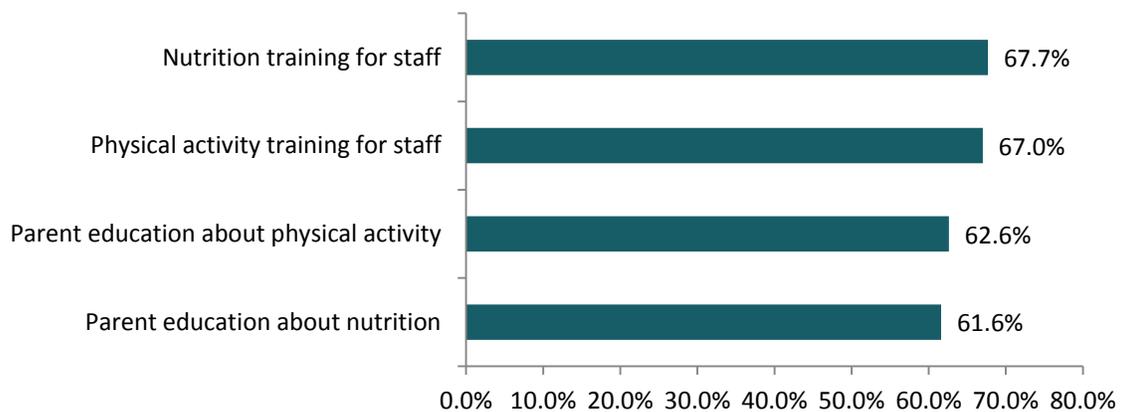
The child care centers participating in the NJ NAP SACC project implemented and maintained changes to make the center healthier and more active for children and families. Of the 54 indicators monitored on the NAP SACC assessment tool, the median score significantly increased for 26 of these indicators. No indicator decreased during the project.

The greatest gains occurred in training and education (Figure 1).

- More than two-thirds of participating centers increased the number of times during the year they provide nutrition training (68 percent) and physical activity training (67 percent) for their staff (p=0.000 and p=0.000).
  - At the beginning of the project, centers provided nutritional training for staff one time per year on average. About 16 percent offered it less than once a year.
  - At end, centers provided this training two times per year or more on average. Only 2 percent offered it less than once a year.
  - On average, participating centers provided staff with physical activity training less than one time per year at the beginning of the project. Centers reported offering this training once a year, on average, at the end of the project (p=0.000).

“Participation in this training made all staff aware of the efforts small and large that can be made to improve student nutrition and physical well-being.”  
- Participating child care center director

Figure 1 Percent of Child Care Centers that Increased Training and Education (n=99)

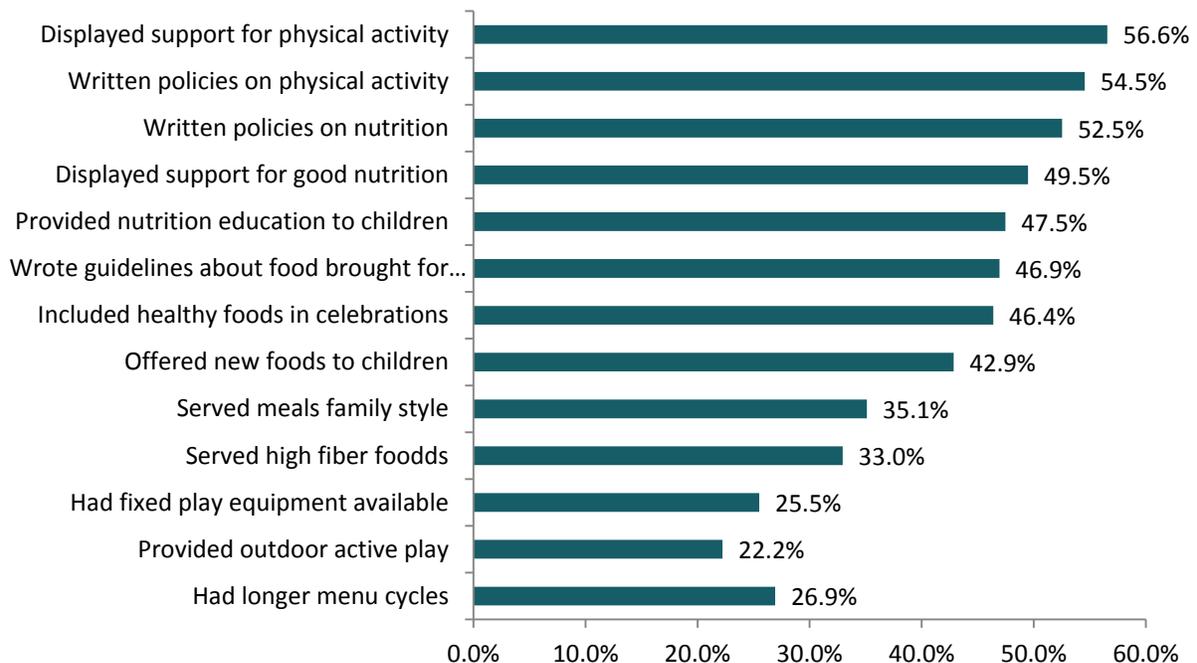


- More than 60 percent of participating child care centers increased the number of times per year they provide parents with information about physical activity (63 percent) and nutrition (62 percent).
  - On average, centers offered physical activity education to parents “rarely or never” at the beginning of the project and once a year at end (p=0.000).
  - Centers provided nutrition education to parents two or more times a year at the end of the project, an increase from less than once a year at the beginning of the project (p=0.000).
  - Throughout the project, participating centers reported offering nutrition education to parents more often during the year than physical activity education.

It is likely that these areas showed the greatest and most wide-spread improvements because of the support and resources provided to the centers by the CCR&Rs. During the project, the CCR&Rs provided training to center staff about nutrition and physical activity. Many of the CCR&R trainers also provided center staff with materials for parent education. It is important to note that the CCR&Rs provided these services to the centers at no financial cost. Given the difficult economic climate and limited funding opportunities available to child care centers in NJ, training and education may have been the most feasible and economic changes for centers.

Participating child care centers also significantly improved some of their policies and practices around nutrition and physical activity during the NJ NAP SACC project (Figure 2).

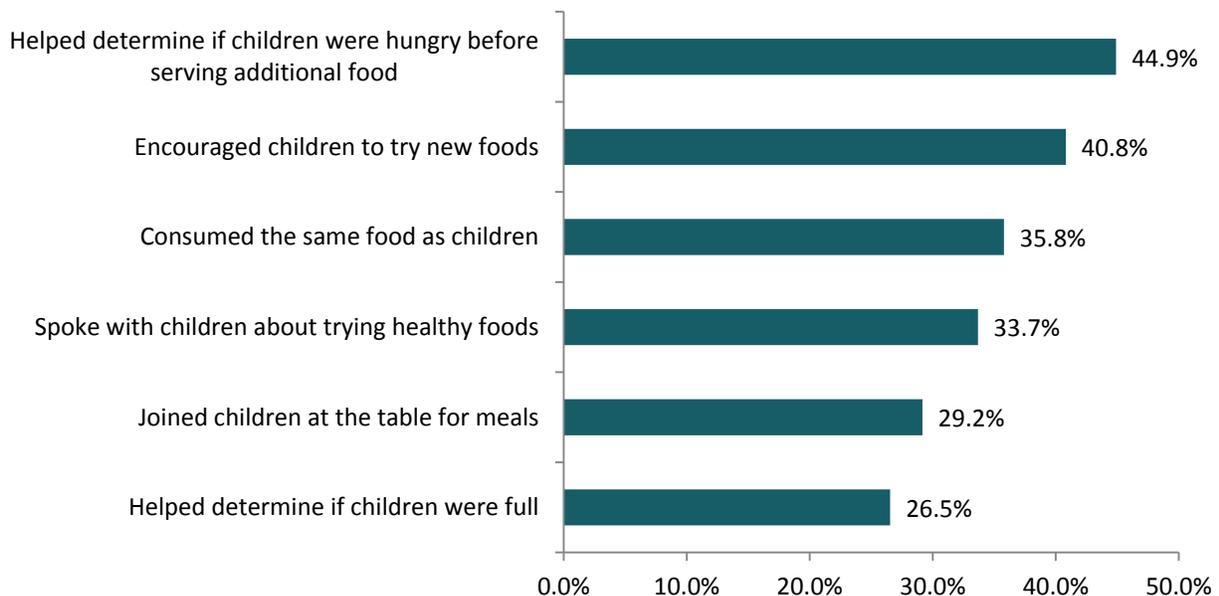
Figure 2 Percent of Child Care Centers that Improved Policies and Practices (n=99)



- At least 50 percent of centers displayed posters, pictures or books about physical activity (57 percent,  $p=0.000$ ) and nutrition (50 percent,  $p=0.000$ ) in more places throughout the child care center.
- More than 50 percent of centers reported making changes to their written policies on physical activity (53 percent,  $p=0.000$ ) and nutrition (55 percent,  $p=0.000$ ). On average, these changes involved writing and formalizing previously existing informal policies.
- About 46 percent of participating child care centers made changes to the policies and food offered to children during celebrations and holidays.
  - During the project, centers moved from having loose guidelines provided to parents about the types of foods brought in for celebrations and holidays to writing more formal guidelines that encourage healthier options ( $p=0.000$ ).
  - Centers included healthy food or non-food treats during their celebrations more frequently at the end of the project than at the beginning ( $p=0.000$ ).
- One-fourth of participating centers increased the types of fixed play equipment available. On average, centers provided a greater variety of equipment that accommodated the needs of all children at the end of the project as compared to the beginning ( $p=0.000$ ). This type of equipment includes tunnels, balancing equipment, climbing equipment and overhead ladders.

Significant increases also occurred in the practices and behaviors of staff in the participating child care centers (Figure 3).

Figure 3 Percent of Child Care Centers that Improved Practices and Behaviors of Staff (n=99)

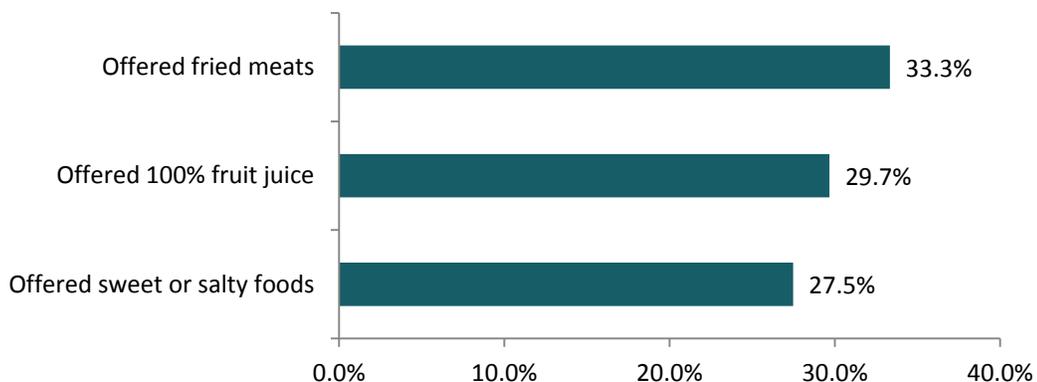


- Changes occurred in the frequency with which staff helped children determine their hunger and fullness.
  - In 45 percent of the participating centers, staff helped children determine if they were still hungry before serving them additional food more frequently at the end of the project than the beginning ( $p=0.000$ ).
  - Staff helped children determine if they were full before removing their food more frequently at the end of the project than the beginning in 27 percent of centers ( $p=0.039$ ).
- More than one-third (36 percent) of participating centers reported that staff consumed the same food and beverages as the children more frequently at the end of the project than at the beginning ( $p=0.000$ ).

As described above, participating child care centers and staff *increased* the frequency with which they implemented and practiced evidence-based policies and practices designed to make children in centers healthy and more active. These centers also *decreased* the frequency of three practices associated with poor nutrition in children (Figure 4).

- One-third of centers (33 percent) offered children less fried or pre-fried meats – such as chicken nuggets or fish sticks – at the end of the project than at the beginning.
- Nearly 30 percent of centers reported offering less juice at the end of the project. On average, centers reported offering 100 percent fruit juice once a day at the beginning of the project but decreased to offering it three to four times during the week at the end of the project.

Figure 4 Percent of Child Care Centers that Decreased Poor Nutrition Practices (n=99)



On an aggregate level, no significant changes were measured in 28 NAP SACC indicators (Table 1). The median scores reported before and after the project remained the same for these areas. It is important to note that for 12 of these indicators, the median response at the beginning of the project was the best possible response. At project end, these 12 indicators maintained the favorable response. For example, at the beginning of the project, centers on average reported that television and videos were rarely or never used. After the project, centers continued to report that television and videos were rarely used. This highlights that centers maintained the healthy and active practices and policies already implemented before the project.

Table 1 NAP SACC Indicators With No Significant Change

*\* indicates most favorable response achieved before project and maintained during project*

Nutrition	Physical Activity
Offer fruit more frequently	Withhold active play when children misbehave less frequently
Offer canned, fresh or frozen fruit more frequently	Seat children for more than 30 minutes less frequently*
Offer vegetables more frequently (no potatoes, corn, green beans)	Use television and videos less frequently*
Offer vegetables more frequently (excluding potatoes)	Make outdoor play equipment more visible and available*
Offer beans more frequently	Provide more outdoor play space
Make water more visible and available outside	Provide more indoor play space
Make water more visible and available inside	Positive behavior is encouraged with food less frequently*
Include foods from a variety of cultures more frequently	Staff consume less healthy foods in front of children less frequently*
Fundraise with non-food items more frequently	Provide active play more frequently
Prepare cooked vegetables with less added fat*	Provide teacher-led physical activity more frequently
Offer fried potatoes less frequently*	Provide more varied portable play equipment
Offer high fat meats less frequently*	Staff encourage and join children during play more frequently*
Offer sugary drinks less frequently*	Provide physical activity education to children more frequently*
Make soda and vending machines less visible*	
Serve milk with less fat	

As described above, participating centers made the greatest improvements in training, education, and policies around nutrition and physical activity.

- Additional improvements included more visible displays of positive messages, staff practices during meal times, availability of new foods, changes to some food offerings, increasing the variety of play equipment and providing more frequent outdoor play time.
- Changes were not measured in many types of food offerings, play space and equipment, and staff practices during play time.

The areas in which changes were measured – combined with those where changes were not measured – suggest the incremental nature of implementing change in child care centers. In many cases, training and education are a necessary pre-cursor to making changes in policies and practices. Policy changes tend to occur prior to practice changes. Once the practice changes occur, the new practices must be institutionalized and incorporated into daily routines. Results suggest the centers made progress through this process, but that the project ended prior to the majority of centers institutionalizing practice changes.

“We have adopted a new Nutrition and Physical Activity Policy. Full implementation will be in September 2012. We also changed the milk served to children over 2 years of age to 1% milk. We increased the amount of fresh fruit and vegetables served and added more whole grain products. Many staff members received CATCH (Coordinated Approach to Child's Health) training. CATCH training helped teachers implement more physical activities in their classrooms. In addition, children received nutrition education from the Food Trust. Parents were informed about our new Wellness Policies, too.”

- Participating child care center director

For example, by the end of the project, centers provided more nutritional training to staff. They also provided more educational opportunities for parents to learn about nutrition and best practices. On average, participating centers also strengthened their written center nutritional policies as well as policies and guidelines around holidays and celebrations. Centers also reported that staff supported good nutrition during meal times more often. Only a few measurable changes in food offerings, however, were documented. The majority of indicators related to the types of foods offered did not change before and after the project. It is possible that additional changes may occur as more time passes and centers implement their policies and institutionalize new practices.

The results of the pre and post NAP SACC also highlight that habits and mind-sets take time to change. Child care center staff work daily to create healthy and safe environments for children. Routinized behavior and practices ingrained in the culture are difficult to change and require time and continuous reinforcement to change. In some child care centers, children are active during play time but teachers supervise the children or tell the students what to do during play time. Changing these practices and engaging teachers to lead and participate in play time requires breaking this routine behavior and changing the mind-set in the child care centers that play time requires more than teacher supervision.

The types of changes the participating child care centers implemented reflect –in part – the feasibility of changes and the centers’ level of control over their environments. For some centers, providing more outdoor and/or indoor play space may not be feasible, especially in urban areas, because of space limitations or safety concerns. Thus, some centers may be limited by their environments in terms of the changes they are able to make. In addition, several of the practices included in NAP SACC require financial resources to initially implement or maintain. Offering more fruits and vegetables and providing more types of play equipment require a financial investment during a time when many centers are struggling to maintain their current services to the families they already serve.

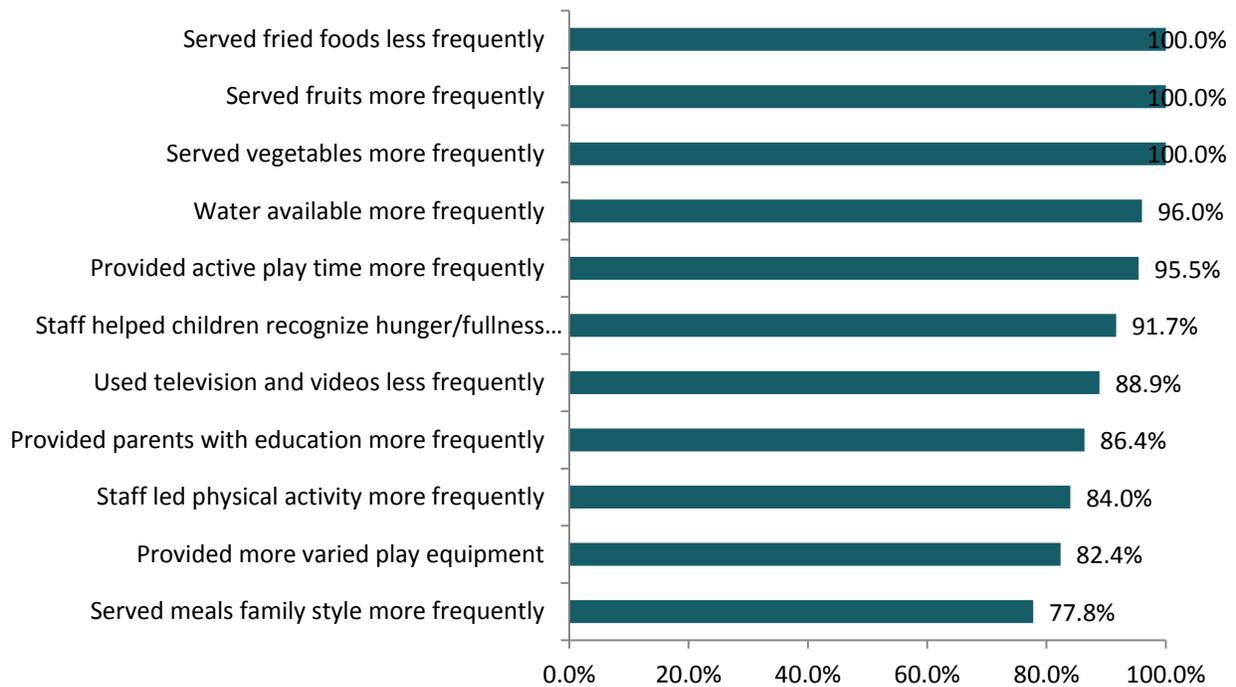
## MAINTAINING CHANGES IN CHILD CARE CENTERS

Results from the post project survey 10 months after the conclusion of project activities suggest that the changes the child care centers implemented during the project are being maintained. The vast majority (97 percent) of responding centers reported the changes they made during the project “are still in effect today.”

Of the responding centers that indicated they made the change during the project (Figure 5):

- All centers reported that they continue to serve fried foods less frequently and serve fruits and vegetables more frequently.
- Child care centers that responded to the survey were most likely to report that they made water available more frequently during the project as compared to other changes. Ninety-six percent of these centers reported that they continue to make water available.
- Just more than three quarters (78 percent) of the centers that responded that they served meals family style more frequently as a result of the NJ NAP SACC project continue to do so.

Figure 5 Percent of Child Care Centers that Maintained Changes (n=29)



The changes most frequently maintained did not show significant improvement in the comparison of the pre and post project NAP SACC. No measurable improvements were indicated for fried food, fruit and vegetable offerings. The availability of water also remained stable during the project. In those areas in which child care centers made improvements based on the NAP SACC comparison:

- More than 90 percent of responding centers continue to provide more active play (96 percent) and have staff help children recognize hunger and fullness (92 percent).
- Eighty-six percent continue to provide parents with education more frequently than before the project.
- More than three-quarters (78 percent) still serve meals family style more often than at the start of the project.

## IMPLEMENTING CHANGES IN CHILD CARE CENTERS

Surveys conducted with CCR&R trainers and center directors after the project concluded provided information about the process of making changes in policies and practices in child care centers.

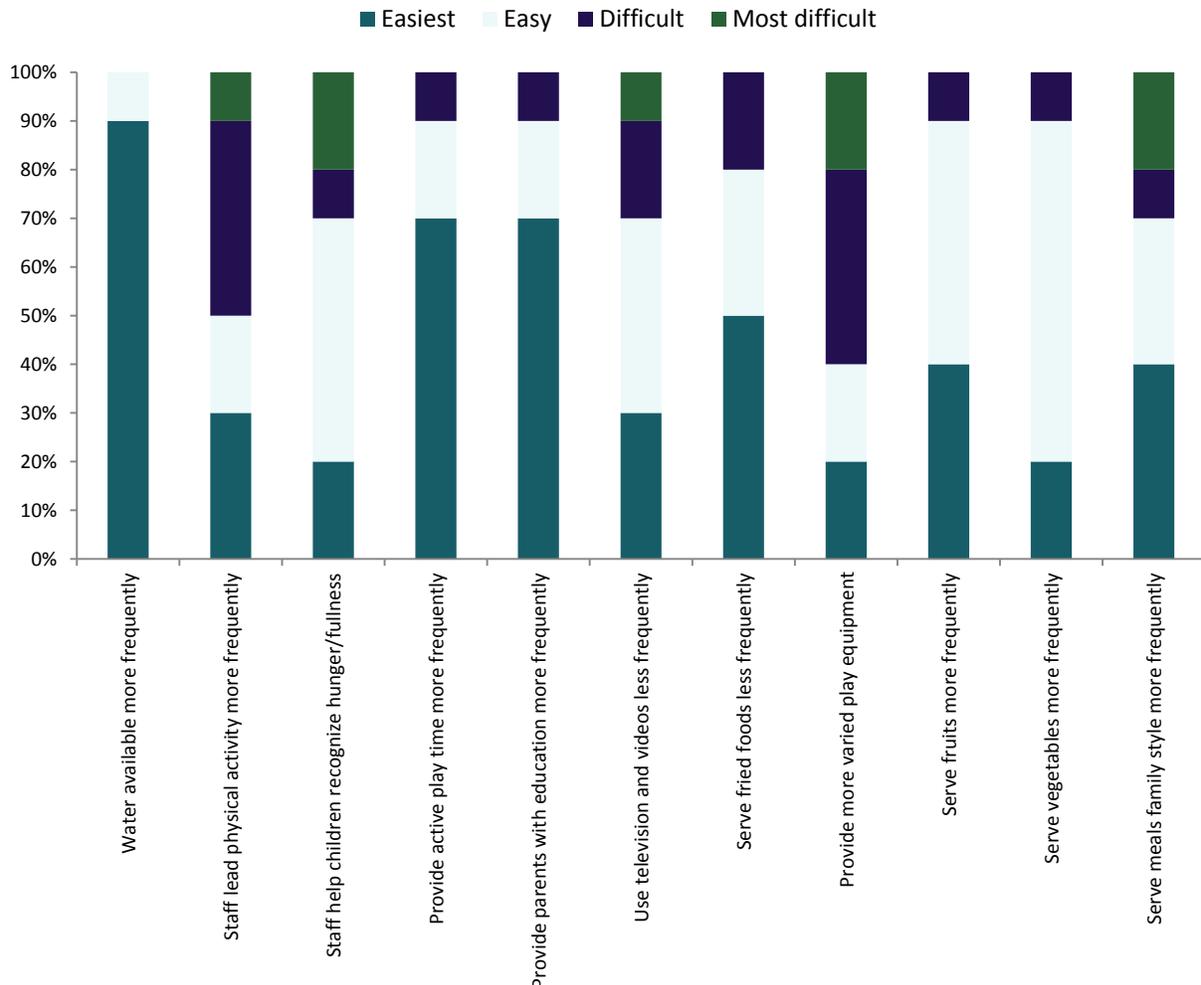
CCR&R trainers reported that some changes were easier for centers to implement than others (Figure 6). The easiest changes were:

- Making water more available
- Providing active play time more frequently
- Providing parents with education more frequently

The most difficult changes were:

- Providing more varied play equipment
- Serving meals family style more frequently
- Having staff help children recognize hunger and fullness more frequently
- Having staff lead physical activity

Figure 6 Trainer Ranking of Difficulty to Implement Changes (n=10)



The difficulty ratings by the CCR&R trainings are linked to the availability of resources to make the changes. As indicated earlier in the Findings section, changes that require the infusion of financial resources are difficult for already struggling child care centers. Thus, making water available more frequently may be easier for centers because it does not require much money. Purchasing additional play equipment or changing the way food is packaged and served during meals may be particularly difficult for centers. Despite this difficulty, comparison of pre and post project NAP SACCs indicated centers improving in these areas. It is likely that the incentives provided to the centers may have alleviated some of this burden during the project.

Center directors and trainers identified several aspects of the NJ NAP SACC project that worked particularly well and those that could be improved in the future (Table 2). Center directors and trainers overwhelmingly reflected that the trainings and technical assistance provided during the project “were helpful and informative” to the centers. The parent education materials and handouts were also well received by centers. Sustaining these trainings and supports, however, is a key area identified for improvement. Given the usefulness of these services, continuous training opportunities are needed that build on basic information and delve deeper into nutrition and physical activity related information. These trainings may also be updated to include:

- Specific information for urban areas
- More interactive and creative exercises
- Modules for centers that do not serve food

“At the inception, an established relationship with the center staff served as key for me to be able to share [the] NAP SACC project effectively. There was already a rapport established. ... With this we were able to move forward without difficulty in all areas of the program.”

- Participating CCR&R trainer

Relationships between CCR&R trainers and child care centers were important to the success of the project. In most cases, CCR&R trainers and centers began the project with pre-existing relationships from working together in other projects. The prior history of working collaboratively facilitated the project because:

- 1) CCR&Rs knew who to contact and work with for the project in each center,
- 2) centers trusted that if the CCR&Rs were involved in the project, it would most likely benefit them, and
- 3) centers were comfortable working with the trainers to develop action plans and make changes in the centers.

Respondents noted that efforts to make child care centers provide healthier and more active options for children falls within the context of broader efforts in New Jersey and nationally. New Jersey is currently in the process of revising licensing requirements for child care centers. Many of these revisions are anticipated to impact the policies and practices related to nutrition and physical activity in these centers. Providing centers with support and training prior to new regulations facilitated both recruitment of centers for the project and providing motivation to make improvements.

Center directors and trainers responded that efforts in the child care centers could be better linked with other community initiatives. Efforts to make child care centers healthier and more active impact the children who attend, but also impact the children’s families and the employees of the centers. Creating partnerships between centers and other community organizations could reinforce the healthy messages

in the centers as well as enhance the offerings of the centers. For example, some centers are looking to build and establish gardens that could be shared with other community organizations.

Table 2 NJ NAP SACC Strengths and Areas for Improvement

Project Strengths	Areas for Improvement
Trainings, technical assistance and parent educational materials from CCR&R trainers	Continuous training, support and educational materials for staff and parents
Action planning process	Updated trainings
Program tailoring to unique needs of each center	Additional funding
Established relationships between trainers and centers	Linkage to community initiatives
Linkage of project to broader context of child care regulation change	Longer project time frame

## LIMITATIONS

Multiple limitations exist as a result of the methods used in the NJ NAP SACC evaluation. First, this evaluation used a non-experimental design and does not have a comparison group. As a result, these findings may not be generalizable to all child care centers in New Jersey. The results, however, may be useful to inform other child care centers’ work to implement changes in their policies and practices.

NAP SACC is not designed to be an evaluation tool but rather as an assessment tool for child care centers to use to identify strengths and areas for improvement. As a result, the tool may not be the most appropriate method to measure changes in policies and practices in child care centers. In particular, many New Jersey child care centers do not serve food and did not have an option to note this when they completed the tool. Further, this tool relies on self-report by the center director or staff members completing it. The potential for bias exists because the individual completing the tool may have wanted the center to appear in a more favorable light. It is also possible that the person or people completing the tool at each administration may have been different and thus, interpreted the questions differently.

The methods used in this evaluation do not allow for an assessment of the impact of the policy and practice changes in the child care centers on the behaviors and health outcomes of the children in the centers. We are unable to assess if the changes implemented will impact the activity levels of children, the nutritional consumption patterns of children or rates of obesity and overweight in children.

Ten months after the project ended, only 29 percent of child care centers who completed the project completed the follow-up survey and 48 percent of CCR&R trainers. Given the low response rates, the information provided about the extent to which centers maintained changes may not be representative of all of the child care centers that participated in the project. Further, the opinions of the trainers and directors about what worked well and did not work well in the project may also be limited in their representativeness. The information provides some guidance, though, about the experiences and lasting impact of the project.

Child care centers that participated in the project did not necessarily match the selection criteria initially developed or participate in the project for same length of time. The selection criteria were not as specific as was necessary and as a result, some centers participated in the project that should not have

been included. As a result, some of the activities and suggested practices were inappropriate for the centers. Further, several centers began the project several months after the project initiation. These centers had a late start date because of high attrition rates in certain counties, competing priorities, staff turnover and several other external factors. The results of this evaluation may be a conservative indication of the impact of the project because of the varying project times and types of centers participating in the project.

# LESSONS LEARNED AND RECOMMENDATIONS

## Changes in policies and practices in child care centers take time to implement.

Many of these changes must be made in small incremental steps. Often, there is a delay between the implementation of these changes and observational changes in behaviors. As centers maintain the changes made in the NJ NAP SACC project and continue to make their centers healthier and more active, additional improvements are likely to be seen.

“After NAP SACC, we piloted a formal physical activity curriculum in 3 classrooms and will extend it school-wide during the 2012-2013 school year.”

- Participating child care center director

### Recommendation

- Additional post-project monitoring of project child care centers should be conducted to better understand the long-term impact of this project.

## Providing trainings and resources to child care centers and staff are critical steps to helping child care centers improve their policies and practices around nutrition and physical activity.

Results suggest that training is one of the first steps in the process of making these changes. Continuous training provides several benefits to child care center staff. It helps to provide staff with information about nutrition and physical activity. It also helps to reinforce information from prior trainings and ensure that new staff receives the information. Resources and other tools provide centers additional reinforcement of the information from the trainings and give centers ways to use and implement the information they learned from the trainings. Training and resources help keep efforts to eat healthy and be active on the radar.

### Recommendation

- Regular trainings should be provided to child care center staff at least once a year. These trainings should emphasize best practices and current research findings about healthy eating and active play time for children. If possible, trainings should be offered to the child care centers on-site.
- The training curriculum used for child care center staff should be expanded from only using NAP SACC to using a variety of training curriculums that meet the needs of the staff. Information provided to staff should include current research and best practices. In addition, the trainings should be as interactive as possible and incorporate information that is relevant to a wide array of child care centers from rural and urban settings.
- Resources should be provided to child care centers during trainings, site visits and other information exchanges. These resources should be user-friendly, fun and creative. Additionally, tools should be free and ready to use so that centers can access and take advantage of the resources immediately. Parent education materials and handouts in multiple languages should also be included.

- An evolving list of resources for child care centers should be developed. This list would inventory existing tools and resources that are free, user-friendly, ready-to-use and fun. CCR&Rs should be able to contribute to and use the list to distribute to child care centers.

### **Financial resources facilitate the provision of trainings and the implementation of new practices in child care centers.**

Data indicate that changes in child care centers that require financial resources are more difficult for centers to implement and may be difficult to maintain. CCR&Rs also require funds to provide trainings to child care centers and to offer all the resources and services the child care centers need.

#### **Recommendation**

- Stipends, mini-grants, financial incentives, subsidies or other funding methods should be explored and made available to child care centers to help ease the financial burden of implementing changes related to physical activity and nutrition.
- Funding methods including grants and stipends should also be explored and made available to CCR&Rs to enable them to provide trainings and materials to child care centers.

### **Creating healthier and more active child care centers impacts more than just the children enrolled in the center.**

Center staff and parents are impacted by healthy eating and active living initiatives in child care centers. Child care center efforts around good nutrition and physical activity can be linked and integrated into other community, worksite and school efforts to maximize the impact of the activities across the lifespan.

#### **Recommendation**

- Efforts to reinforce staff trainings about the importance of personal wellness should be explored. Worksite wellness programs may provide low-cost, mutually reinforcing opportunities to improve child care center staff health if integrated into already existing programs, services and activities.
- Child care centers, CCR&Rs and statewide partnerships for obesity prevention should work to link child care centers with initiatives in their communities that are also working to improve nutrition and increase physical activity. Community gardens, farmers markets, walking clubs, agreements between school and community centers to share use of recreational facilities (joint use agreements), recreational services and other community and school efforts could be partnered with child care centers to provide additional opportunities and resources for children and their families.

# APPENDIX 1: NAP SACC TOOL



## Nutrition and Physical Activity Self-Assessment for Child Care

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child Care Facility Name: \_\_\_\_\_

Please read each statement or question carefully and check the response that best fits your child care facility. Refer to the instruction sheet for clarification of question, examples, and definitions.

### SECTION I: NUTRITION

#### (N1) Fruits and Vegetables

A. Fruit (not juice) is offered:	<input type="checkbox"/> 3 times per week or less	<input type="checkbox"/> 4 times per week	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 2 or more times per day
B. Fruit is offered canned in own juice (no syrups), fresh, or frozen:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
C. Vegetables (not including French fries, tater tots, hash browns, or dried beans) are offered:	<input type="checkbox"/> 2 times per week or less	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 2 or more times per day
D. Vegetables, other than potatoes, corn, and green beans, are offered:	<input type="checkbox"/> Less than 1 time per week	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> 1 or more times per day
E. Cooked vegetables are prepared with added meat fat, margarine or butter:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely or never

#### (N2) Meats, Fats, and Grains

A. Fried or pre-fried potatoes (French fries, tater tots, hash browns) are offered:	<input type="checkbox"/> 3 or more times per week	<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> Less than once a week or never
B. Fried or pre-fried (frozen and breaded) meats (chicken nuggets) or fish (fish sticks) are offered:	<input type="checkbox"/> 3 or more times per week	<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> Less than once a week or never
C. High fat meats (sausage, bacon, hot dogs, bologna, ground beef) are offered:	<input type="checkbox"/> 3 or more times per week	<input type="checkbox"/> 2 times per week	<input type="checkbox"/> 1 time per week	<input type="checkbox"/> Less than once a week or never

Ammerman, AS, Benjamin, SE, Sommers, JK, Ward, DS. 2004. The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) environmental self-assessment instrument. Division of Public Health, NC DHHS, Raleigh, NC, and the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill. Revised May 2007.

D. Beans or lean meats (baked or broiled chicken, turkey, or fish) are offered:	<input type="checkbox"/> Less than 1 time per week	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> 1 or more times per day
E. High fiber, whole grain foods (whole wheat bread, oatmeal, brown rice, Cheerios®, etc) are offered:	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> 2-4 times per week	<input type="checkbox"/> 1 times per day	<input type="checkbox"/> 2 or more times per day
F. Sweets or salty foods (cookies, cakes, muffins, chips, etc) are offered:	<input type="checkbox"/> 1 or more times per day	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> Less than once a week or never

### (N3) Beverages

A. Drinking water outside is:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Visible, but only available during designated water breaks	<input type="checkbox"/> Easily visible and available on request	<input type="checkbox"/> Easily visible and available for self-serve
B. Drinking water inside is:	<input type="checkbox"/> Not visible	<input type="checkbox"/> Visible, but only available during designated water breaks	<input type="checkbox"/> Easily visible and available on request	<input type="checkbox"/> Easily visible and available for self-serve
C. <u>100%</u> fruit juice is offered:	<input type="checkbox"/> 2 or more times per day	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> 2 times per week or less
D. Sugary drinks (Kool-Aid™, sports drinks, sweet tea, punches, soda) other than 100% juice are offered:	<input type="checkbox"/> 1 or more times per week	<input type="checkbox"/> Less than 1 time per week	<input type="checkbox"/> Less than 1 time per month	<input type="checkbox"/> Rarely or never
E. Milk served to children ages 2 years and older is usually:	<input type="checkbox"/> Whole or regular	<input type="checkbox"/> 2% reduced fat	<input type="checkbox"/> 1% low-fat	<input type="checkbox"/> Skim or non-fat
F. Soda and other vending machines are located:	<input type="checkbox"/> In entrance or front of building	<input type="checkbox"/> In public areas, but not entrance	<input type="checkbox"/> Out of sight of parents and children	<input type="checkbox"/> No vending machines on site

### (N4) Menus and Variety

A. Menus used are:	<input type="checkbox"/> 1-week cycle	<input type="checkbox"/> 2-week cycle	<input type="checkbox"/> 3-week cycle or more without seasonal change	<input type="checkbox"/> 3-week cycle or more with seasonal change
B. Weekly menus include a combination of both new and familiar foods:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time

C. Weekly menus include foods from a variety of cultures:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
---	--	---	---	--

### **(N5) Feeding Practices**

A. When children eat less than half of a meal or snack, the staff help determine if they are full before removing the plate:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
B. When children request seconds, staff help determine if they are still hungry before serving additional food:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
C. Children are encouraged by staff to try a new or less favorite food:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
D. Food is used to encourage positive behavior:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely or never

### **(N6) Foods Offered Outside of Regular Meals and Snacks**

A. Guidelines provided to parents for food brought in for holidays or celebrations are:	<input type="checkbox"/> Not available	<input type="checkbox"/> Loose guidelines with healthier options encouraged	<input type="checkbox"/> Written guidelines for healthier options that are not always enforced	<input type="checkbox"/> Written guidelines for healthier options that are usually enforced
B. Holidays are celebrated with mostly healthy foods or with non-food treats like stickers:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
C. Fundraising consists of selling only non-food items (like wrapping paper, coupon books or magazines):	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time

### **(N7) Supporting Healthy Eating**

A. Staff join children at the table for meals:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
B. Meals are served family style (children serve themselves with limited help):	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
C. Staff consume the same food and drinks as the children:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time

D. Staff eat or drink less healthy foods (especially sweets, soda and fast food) in front of the children:	<input type="checkbox"/> All of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Rarely or never
E. Staff talk informally with children about trying and enjoying healthy foods:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time
F. Support for good nutrition is visibly displayed in 2 to 5 year old classrooms and common areas by:	<input type="checkbox"/> No posters, pictures, or books about healthy food displayed	<input type="checkbox"/> A few posters, pictures, or books about healthy food displayed in a few rooms	<input type="checkbox"/> Posters, pictures, or books about healthy food displayed in most rooms	<input type="checkbox"/> Posters, pictures, or books about healthy food displayed in every room

### **(N8) Nutrition Education for Staff, Children, and Parents**

A. Training opportunities on nutrition (other than food safety and food program guidelines) are provided for staff:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Less than 1 time per year	<input type="checkbox"/> 1 time per year	<input type="checkbox"/> 2 times per year or more
B. Nutrition education is provided for children through a standardized curriculum:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> 1 time per month	<input type="checkbox"/> 2-3 times per month	<input type="checkbox"/> 1 time per week or more
C. Nutrition education opportunities are offered to parents (workshops, activities and take home materials):	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Less than 1 time per year	<input type="checkbox"/> 1 time per year	<input type="checkbox"/> 2 times per year or more

### **(N9) Nutrition Policy**

A. A written policy on nutrition and food service that covers most of the above topics:	<input type="checkbox"/> Does not exist	<input type="checkbox"/> Exists informally, but is not written or followed	<input type="checkbox"/> Is written, but not always followed	<input type="checkbox"/> Is written, available and followed
---	---	--	--	---

## **SECTION II: PHYSICAL ACTIVITY**

### **(PA1) Active Play and Inactive Time**

A. Active play time is provided to all children:	<input type="checkbox"/> 45 minutes or less each day	<input type="checkbox"/> 46-90 minutes each day	<input type="checkbox"/> 91-120 minutes each day	<input type="checkbox"/> More than 120 minutes each day
B. Teacher-led physical activity is provided to all children:	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> 2-4 times per week	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 2 or more times per day

C. Outdoor active play is provided for all children:	<input type="checkbox"/> 1 time per week or less	<input type="checkbox"/> 2-4 times per week	<input type="checkbox"/> 1 time per day	<input type="checkbox"/> 2 or more times per day
D. Active play time is withheld for children who misbehave:	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Never and we provide more active play time for good behavior
E. Children are seated (excluding naps and meals) more than 30 minutes at a time:	<input type="checkbox"/> 1 or more times per day	<input type="checkbox"/> 3-4 times per week	<input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> Less than once a week or never
F. Television and video use consists of the:	<input type="checkbox"/> TV turned on for 5 or more hours per week	<input type="checkbox"/> TV turned on for 3-4 hours per week	<input type="checkbox"/> TV turned on 2 hours per week or less	<input type="checkbox"/> TV used rarely or never

### (PA2) Play Environment

A. Fixed play equipment (tunnels, balancing equipment, climbing equipment, overhead ladders) is:	<input type="checkbox"/> Unavailable at our site	<input type="checkbox"/> Only one type of equipment is available	<input type="checkbox"/> Different equipment available that suits most children	<input type="checkbox"/> Wide variety of equipment available and accommodates needs of all children
B. Portable play equipment (wheel toys, balls, hoops, ribbons) consists of:	<input type="checkbox"/> Little variety and children must take turns	<input type="checkbox"/> Some variety but children must take turns	<input type="checkbox"/> Good variety but children must take turns	<input type="checkbox"/> Lots of variety for children to use at the same time
C. Outdoor portable play equipment is:	<input type="checkbox"/> Available during special times only	<input type="checkbox"/> Located out of child sight and reach, staff must access	<input type="checkbox"/> Available on request	<input type="checkbox"/> Freely available by children at all times
D. Outdoor play space includes:	<input type="checkbox"/> No open running spaces or track/path for wheeled toys	<input type="checkbox"/> Very limited open running space, no track/path for wheeled toys	<input type="checkbox"/> Plenty of open running space, no track/path for wheeled toys	<input type="checkbox"/> Plenty of open running spaces and a track/path for wheeled toys
E. Indoor play space is available:	<input type="checkbox"/> For quiet play only	<input type="checkbox"/> For very limited movement (jumping and rolling)	<input type="checkbox"/> For some active play (jumping, rolling and skipping)	<input type="checkbox"/> For all activities, including running

<b>(PA3) Supporting Physical Activity</b>				
A. During active play time staff:	<input type="checkbox"/> Supervise play only (mostly sit or stand)	<input type="checkbox"/> Sometimes encourage children to be active	<input type="checkbox"/> Sometimes encourage children to be active and join children in active play	<input type="checkbox"/> Often encourage children to be active and join children in active play
B. Support for physical activity is visibly displayed in 2 to 5 year old classrooms and common areas by:	<input type="checkbox"/> No posters, pictures, or books about physical activity displayed	<input type="checkbox"/> A few posters, pictures, or books about physical activity displayed in a few rooms	<input type="checkbox"/> Posters, pictures, or books about physical activity are displayed in most rooms	<input type="checkbox"/> Posters, pictures, or books about physical activity are displayed in every room
<b>(PA4) Physical Activity Education for Staff, Children, and Parents</b>				
A. Training opportunities are provided for staff in physical activity (not including playground safety):	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Less than 1 time per year	<input type="checkbox"/> 1 time per year	<input type="checkbox"/> 2 times per year or more
B. Physical activity education (motor-skill development) is provided for children through a standardized curriculum:	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> 1 time per month	<input type="checkbox"/> 2-3 times per month	<input type="checkbox"/> 1 time per week or more
C. Physical activity education is offered to parents (workshops, activities and take home materials):	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Less than 1 time per year	<input type="checkbox"/> 1 time per year	<input type="checkbox"/> 2 times per year or more
<b>(PA5) Physical Activity Policy</b>				
A. A written policy on physical activity that covers most of the above topics:	<input type="checkbox"/> Does not exist	<input type="checkbox"/> Exists informally, but is not written or followed	<input type="checkbox"/> Is written, but not always followed	<input type="checkbox"/> Is written, available and followed

For more information about this self-assessment instrument and the NAP SACC project, please visit [www.napsacc.org](http://www.napsacc.org).

Please use the following citation when referencing this instrument: Ammerman, AS, Benjamin, SE, Sommers, JK, Ward, DS. 2004. The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) environmental self-assessment instrument. Division of Public Health, NC DHHS, Raleigh, NC, and the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill. Revised May 2007.



State of North Carolina • Michael F. Easley, Governor | Department of Health and Human Services • Carmen Hooker Odom, Secretary  
 • Division of Public Health • NC Healthy Weight Initiative  
 Department of Nutrition • UNC Schools of Public Health and Medicine | UNC Center for Health Promotion and Disease Prevention

## APPENDIX 2: CHILD CARE CENTER DIRECTOR FOLLOW-UP SURVEY

### New Jersey NAP SACC Project Follow-Up Survey: Child Care Centers

#### Page 1: Survey Information

This survey is an effort by the New Jersey Office of Nutrition & Fitness (ONF) and the New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRRA) to check in with the child care centers that were involved in the NJ Nutrition and Physical Activity Self-Assessment in Child Care Centers (NAP SACC) project during 2011.

The purpose of this survey is to elicit your feedback about what worked and did not work in the NAP SACC project. We also want to hear how your child care center is doing now and what changes you were able to make after the project ended, what changes made during the project you were able to maintain, and what changes made during the project that did not quite stick. These are your opinions and experiences, and there is no right or wrong answer.

The survey will take approximately 10 minutes. It is completely voluntary and your responses are anonymous. ONF staff along with the NAP SACC Evaluation Group, composed of trainers, childcare center directors, and other stakeholders, will review the aggregated results of the survey and use the information in the broader evaluation report of the NAP SACC project. This report will include results about the effectiveness of the program and recommendations for changes to strengthen the program.

If you have any questions about the survey or wish to see the results of the survey, please contact the Office of Nutrition & Fitness at (609) 292-2209 or at [shapingnj.onf@doh.state.nj.us](mailto:shapingnj.onf@doh.state.nj.us).

Thank you in advance for your help.

#### Page 2: Staffing

*Please read each questions carefully and select the response that best matches your experiences.*

Q. Did your child care center's leadership change during the NJ NAP SACC project (June 2010 through December 2011)?

- Yes
- No
- I don't know

[SKIP PATTERN] If Yes:

Q. Do you feel this impacted your ability to participate in the project?

- Yes
- Somewhat
- No

Q. Did the same person from the CCR&R provide training and technical assistance to your center during the NJ NAP SACC project (June 2010 through December 2011)?

- Yes
- No
- I don't know

**Page 3: Nutrition, Physical Activity and Screen Time Changes**

*Please read each statement carefully and click on the circle that indicates how much you agree or disagree with each statement about the NJ NAP SACC project (June 2010 through December 2011). If you do not know or if the statement does not apply to your center, please select N/A.*

Q. My child care center increased the amount of active play time each day for all children.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

[SKIP PATTERN] If Strongly agree or Agree:

Q. Has your child care center maintained this change?

- Yes
- Somewhat
- No

Q. Teachers in my child care center were more likely to lead physical activity for all children.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

[SKIP PATTERN] If Strongly agree or Agree:

Q. Has your child care center maintained this change?

- Yes
- Somewhat
- No

Q. My child care center provided more types of portable and fixed play equipment.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

[SKIP PATTERN] If Strongly agree or Agree:

Q. Has your child care center maintained this change?

- Yes
- Somewhat
- No

Q. My child care center provided parents with more education and resources about keeping their children healthy and active.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

[SKIP PATTERN] If Strongly agree or Agree:

Q. Has your child care center maintained this change?

Yes  
Somewhat  
No

Q. My child care center decreased the amount of time that children watched television or played video games or on the computer.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

[SKIP PATTERN] If Strongly agree or Agree:

Q. Has your child care center maintained this change?

Yes  
Somewhat  
No

Q. My child care center increased the number of times per day that fruits were served.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

[SKIP PATTERN] If Strongly agree or Agree:

Q. Has your child care center maintained this change?

Yes  
Somewhat  
No

Q. My child care center increased the number of times per day that vegetables were served.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

[SKIP PATTERN] If Strongly agree or Agree:

Q. Has your child care center maintained this change?

Yes  
Somewhat

No

Q. My child care center decreased the number of times per week that fried or pre-fried foods were served.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

[SKIP PATTERN] If Strongly agree or Agree:

Q. Has your child care center maintained this change?

Yes  
Somewhat  
No

Q. My child care center increased the number of times per week that meals were served family style.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

[SKIP PATTERN] If Strongly agree or Agree:

Q. Has your child care center maintained this change?

Yes  
Somewhat  
No

Q. Staff in my child care center was more likely to help children recognize their own hunger/fullness.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

[SKIP PATTERN] If Strongly agree or Agree:

Q. Has your child care center maintained this change?

Yes  
Somewhat  
No

Q. My child care center increased the availability of water during the day.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

[SKIP PATTERN] If Strongly agree or Agree:

Q. Has your child care center maintained this change?

Yes

Somewhat  
No

Q. Overall, the changes around nutrition, physical activity and screen time made in my child care center during the NJ NAP SACC project (June 2010 through December 2011) are still in effect today.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

Q. Comments

**Page 4: Additional Needs**

*Please read each statement carefully and select the response that most closely matches your experience.*

Q. What do you need to continue to make your child care center healthier and more active? (Please check all that apply)

- Funding
- Training about best practices
- Food safety training
- Posters and other promotional materials
- Parent handouts
- Technical assistance
- Other: [Text box]

**Page 5: NJ NAP SACC Project Opinions**

*Please read each question carefully and provide your thoughts and opinions about the NJ NAP SACC project.*

Q. In your opinion, what worked well in the NJ NAP SACC project? Potential areas to consider include communication, action planning process, trainings, technical assistance from county child care resource & referral agencies, materials, and funding.

Q. In your opinion, what should be improved in the NJ NAP SACC project? Potential areas to consider include communication, action planning process, trainings, technical assistance from county child care resource & referral agencies, materials, and funding.

**Page 6: Additional Information**

This survey is anonymous. If you would like to provide us with more information about the successes or barriers you experienced in the NJ NAP SACC project; or if you have photos and additional information

you would like to share with us, please provide your contact information below so we may contact you. Your contact information will be stored and reviewed separately from your responses provided above to maintain your anonymity.

Name:  
Email Address:  
Phone:

**Page 7: Conclusion**

Thank you for providing feedback about your experience in the NJ NAP SACC project. We look forward to reviewing these results and using them to assess the project overall and identify ways to strengthen the program in the future.

If you have any questions about this survey or if you wish to see the results, please contact Erin Bunger at (609) 341-5025 or at [erin.bunger@doh.state.nj.us](mailto:erin.bunger@doh.state.nj.us).

## APPENDIX 3: CCR&R TRAINER FOLLOW-UP SURVEY

### New Jersey NAP SACC Project Follow-Up Survey: Trainers

#### Page 1: Survey Information

This survey is an effort by the New Jersey Office of Nutrition & Fitness (ONF) and the New Jersey Association of Child Care Resource and Referral Agencies (NJACCRRRA) to check in with the trainers who worked with child care centers in the NJ Nutrition and Physical Activity Self-Assessment in Child Care Centers (NAP SACC) project during 2011.

The purpose of this survey is to elicit your feedback about what worked and did not work in the NAP SACC project. We also want to hear your recommendations for future trainings. These are your opinions and experiences, and there is no right or wrong answer.

The survey will take approximately 10 minutes. It is completely voluntary and your responses are anonymous. ONF staff along with the NAP SACC Evaluation Group, composed of trainers, child care center directors, and other stakeholders, will review the aggregated results of the survey and use the information in the broader evaluation report of the NAP SACC project. This report will include results about the effectiveness of the program and recommendations for changes to strengthen the program.

If you have any questions about the survey or wish to see the results of the survey, please contact Erin Bunger at (609) 341-5025 or at [erin.bunger@doh.state.nj.us](mailto:erin.bunger@doh.state.nj.us).

Thank you in advance for your help.

#### Page 2: Staffing

*Please read each questions carefully and select the response that best matches your experiences.*

Q. In how many of the child care centers you worked with did the center leadership change during the NJ NAP SACC project (June 2010 through December 2011)?

[Drop down box]

0, 1, 2, 3, 4, 5

Q. Did you provide training and technical assistance to the child care centers during the entire project (June 2010 through December 2011)?

Yes

No

I don't know

#### Page 3: Child Care Center Trainings

*Please read each statement carefully and select the response(s) that most closely match your experiences.*

Q. In which of the following topic areas did you provide training to child care centers before June, 2010?  
Please check all that apply.

- Overweight and Obesity
- Nutrition
- Physical Activity
- Personal Health and Wellness
- Working with Families

Q. In which of the following topic areas do you plan to continue to offer and provide training to child care centers? Please check all that apply.

- Overweight and Obesity
- Nutrition
- Physical Activity
- Personal Health and Wellness
- Working with Families

Q. To what extent do you agree or disagree with the following statements about the information and trainings you provided for the child care centers:

Strongly agree      Agree      Neutral      Disagree      Strongly disagree      N/A

The materials provided during the trainings were appropriate for the child care centers.

The information delivered to the child care centers during the trainings was provided at the appropriate level.

The training materials should be modified.

I integrated information about nutrition, physical activity and screen time into other trainings I provide.

Comments

#### Page 4: Changes in Child Care Centers

*Please read each question carefully and select the response(s) that most closely match your experiences.*

Q. In your opinion, what policy or environment change was EASIEST for the child care centers to implement? Please rank the three easiest changes.

Increase the amount of active play time each day for all children.

Encourage teachers to lead physical activity for all children.

Provide more types of portable and fixed play equipment.

Provide parents with more education and resources about keeping their children healthy and active.

Decrease the amount of time that children watched television or played video games or on the computer.

Increase the number of times per day that fruits were served.

Increase the number of times per day that vegetables were served.

Decrease the number of times per week that fried or pre-fried foods were served.

Increase the number of times per week that meals were served family style.

Encourage staff to help children recognize their own hunger/fullness.

Increase the availability of water during the day.

Q. In your opinion, what policy or environment change was MOST DIFFICULT for the child care centers implement? Please rank the three most difficult changes.

Increase the amount of active play time each day for all children.

Encourage teachers to lead physical activity for all children.

Provide more types of portable and fixed play equipment.

Provide parents with more education and resources about keeping their children healthy and active.

Decrease the amount of time that children watched television or played video games or on the computer.

Increase the number of times per day that fruits were served.

Increase the number of times per day that vegetables were served.

Decrease the number of times per week that fried or pre-fried foods were served.

Increase the number of times per week that meals were served family style.

Encourage staff to help children recognize their own hunger/fullness.

Increase the availability of water during the day.

### **Page 5: NJ NAP SACC Project Opinions**

*Please read each question carefully and provide your thoughts and opinions about the NJ NAP SACC project.*

Q. In your opinion, what worked well in the NJ NAP SACC project? Potential areas to consider include communication, child care center trainings, technical assistance to child care centers, reporting and monitoring.

Q. In your opinion, what should be improved in the NJ NAP SACC project? Potential areas to consider include communication, child care center trainings, technical assistance to child care centers, reporting and monitoring.

**Page 6: Additional Information**

This survey is anonymous. If you would like to provide us with more information about the successes or barriers you experienced in the NJ NAP SACC project; or if you have photos and additional information you would like to share with us, please provide your contact information below so we may contact you. Your contact information will be stored and reviewed separately from your responses provided above to maintain your anonymity.

Name:

Email Address:

Phone:

**Page 7: Conclusion**

Thank you for providing feedback about your experience in the NJ NAP SACC project. We look forward to reviewing these results and using them to assess the project overall and identify ways to strengthen the program in the future.

If you have any questions about this survey or if you wish to see the results, please contact Erin Bunger at (609) 341-5025 or at [erin.bunger@doh.state.nj.us](mailto:erin.bunger@doh.state.nj.us).